

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>144a</u>
District of <u>Arizona</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>342</u>
Town of <u>Maricopa</u>			Local Registrar No. _____
or		No. _____	St. _____ Ward _____
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Espananza Barraga</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes</u>
		6. No., in order of birth _____	7. Date of birth <u>Dec. 18, 1923</u>
			Month day year
8. FATHER		14. MOTHER	
Full name <u>Jose L. Barraga</u>		Full maiden name <u>Francisca Hernandez</u>	
9. Residence (Usual place of abode) <u>109 Miami</u>		15. Residence (Usual place of abode) <u>Miami 6th</u>	
If nonresident, give place and state <u>Red Spring Cay</u>		If nonresident, give place and state <u>109 Red Spring Cay</u>	
10. Color or race <u>Spanish</u>		16. Color or race <u>Spanish</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Yndi Durango</u>		18. Birthplace (city or place) <u>El Oro Durango</u>	
(State or country) <u>Mexico</u>		(State or country) <u>Mexico</u>	
13. Occupation		19. Occupation	
Nature of industry <u>mine</u>		Nature of industry _____	
20. Number of children of this mother <u>5 and 1 dead</u>		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>Yes</u>	
		(b) Born alive but now dead _____	
		(c) Stillborn <u>(Yes)</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ a.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Mrs. Rosa Cortez</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Mexican Canyon 136</u>	
Registrar. _____		Filed <u>Dec 30 1924</u>	
		Filed <u>5-8 1924</u>	
		Local Registrar. <u>C. E. Dwin</u>	
		County Registrar. <u>R. W. Gray</u>	

521-1218-689